

ISSUE SLIT STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>gell</i>	75331	
O.I.P.E. CLASSIFIER		31	4/1/99
FORMALITY REVIEW	<i>[Signature]</i>	109853	4/12/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	03/26/02
2	✓	✓	04/10/02
3	✓	✓	06/20/03
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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9	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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